



*State of Rhode Island*  
**DEPARTMENT OF LABOR AND TRAINING**  
**Division of Professional Regulation-Prevailing Wage Unit**  
1511 Pontiac Avenue, Building #70  
Cranston, RI 02920-0944

**PREVAILING WAGE COMPLAINT FORM**

**EMPLOYEE INFORMATION** (please print):

Name of Complainant: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PROJECT/EMPLOYER INFORMATION** (please print):

Project in Question: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

General Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Awarding Authority: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_

Type of Project: \_\_\_\_\_

Occupation: \_\_\_\_\_ Rate Paid: \_\_\_\_\_

Type of Violation:      Wage Rate (    )    Benefits (    )    Overtime (    )    Posting (    )

What type of evidence do you have to support claim: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I hereby attest that the information provided is true and accurate to the best of my knowledge.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only: Complaint #:** \_\_\_\_\_ **Assigned to:** \_\_\_\_\_ **Date:** \_\_\_\_\_